

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
	JT		06/17/01
FEE DETERMINATION			
O.A.P.E. CLASSIFIER		713	6/27/01
FORMALITY REVIEW	SL	1021	08/15/01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ _____ Rejected W _____ Non-elected
 = _____ Allowed I _____ Interference
 - (Through examiners) Canceled A _____ Appeal
 + _____ Restricted O _____ Objected

Claim	Date	Claim	Date	Claim	Date
1		51		101	
2		52		102	
3		53		103	
4		54		104	
5		55		105	
6		56		106	
7		57		107	
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9		59		109	
10		60		110	
11		61		111	
12		62		112	
13		63		113	
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36		86		136	
37		87		137	
38		88		138	
39		89		139	
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41		91		141	
42		92		142	
43		93		143	
44		94		144	
45		95		145	
46		96		146	
47		97		147	
48		98		148	
49		99		149	
50		100		150	

If more than 150 claims or 10 actions, staple additional sheet here. BEST AVAILABLE COPY.
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